

Applicant : Peters et al.
Appl. No. : 10/595,603
Examiner : Gary Porter, Jr.
Docket No. : 13634.4010

IN THE SPECIFICATION:

Page 4, lines 20—31 (Amended):

In the event that the external part of the gas-line 10 is damaged in every-day use, or if a persistent infection develops at the exit site ~~2224~~, then the second part 10b is able to be exchanged for a fresh/new (sterilised) second part 10b which is brought out of the patient via a new exit-site ~~2224~~ (see phantom lines). As this can be done without need to replace the whole heart assist device arrangement, the surgery is minimal. More 25 particularly, the surgery only involves a small incision (not shown) over the subcutaneous connection, undoing of the connection of the Luer lock 20, and removal of the second part 10b. A new exit-site ~~2224~~ is then made, and a new second part 10b tunnelled through to the first incision for reconnection of the first 10a and (new) second 10b parts. If the infection has travelled up the original second gas line part 10b then the fresh second gas-line part is 30 inserted through an implant tunnel that is also substantially remote from the existing implant tunnel.